

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND | | | | | | | | | | | |
|---|-----------------------------------|--|--------------------------|----------|---|---|----|---|---|---|---|
| 1 Date of Request: <u>1-27-05</u> | | 2 Serial/Patent # <u>10/658,789</u> | | | | | | | | | |
| 3 Please refund the following fee(s): | | 4 PAPER NUMBER | 5 DATE FILED | 6 AMOUNT | | | | | | | |
| | Filing | | | \$ | | | | | | | |
| | Amendment | | | \$ | | | | | | | |
| <input checked="" type="checkbox"/> | Extension of Time | — | 9-2-04 | \$ 1005. | | | | | | | |
| | Notice of Appeal/Appeal | | | \$ | | | | | | | |
| | Petition | | | \$ | | | | | | | |
| | Issue | | | \$ | | | | | | | |
| | Cert of Correction/Terminal Disc. | | | \$ | | | | | | | |
| | Maintenance | | | \$ | | | | | | | |
| | Assignment | | | \$ | | | | | | | |
| | Other | | | \$ | | | | | | | |
| | | | 7 TOTAL AMOUNT OF REFUND | | | | | | | | |
| | | | \$ 1005. | | | | | | | | |
| 8 TO BE REFUNDED BY: | | | | | | | | | | | |
| | | <input type="checkbox"/> Treasury Check | | | | | | | | | |
| | | <input checked="" type="checkbox"/> Credit Deposit A/C #: | | | | | | | | | |
| | | 9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"> <tr> <td style="width: 20px;">1</td><td style="width: 20px;">9</td><td style="width: 20px;">--</td><td style="width: 20px;">2</td><td style="width: 20px;">1</td><td style="width: 20px;">1</td><td style="width: 20px;">2</td> </tr> </table> | | | 1 | 9 | -- | 2 | 1 | 1 | 2 |
| 1 | 9 | -- | 2 | 1 | 1 | 2 | | | | | |
| 10 REASON: | | | | | | | | | | | |
| | Overpayment | | | | | | | | | | |
| | Duplicate Payment | | | | | | | | | | |
| <input checked="" type="checkbox"/> | No Fee Due (Explanation): | | | | | | | | | | |
| E.O.T. filed late. | | | | | | | | | | | |
| | | | | | | | | | | | |
| 11 REFUND REQUESTED BY: | | | | | | | | | | | |
| TYPED/PRINTED NAME: <u>Andrea Smith</u> | | TITLE: <u>Pats. Exam.</u> | | | | | | | | | |
| SIGNATURE: <u>[Signature]</u> | | PHONE: <u>703/571-272-3200</u> | | | | | | | | | |
| OFFICE: <u>Off. of Petitions</u> | | | | | | | | | | | |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: ***** | | | | | | | | | | | |
| APPROVED: <u>[Signature]</u> | | DATE: <u>1/26/05</u> | | | | | | | | | |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B